PLEASE TYPE OR PRINT	Entered previous May Show
	☑ ves ☐ no
☐ Ms.	A TES
Mr. Artist	eer
7	(Last Name Last)
Address 248 Column	bus St.; ELYVIA
Street	City
44035 Tel. (216)	323-26161
Zip Area Code	
Temporary or	
Studio Address	City
Tel. ()	S.K.,
Zip Area Code	
If you do not presently live in o	one of the counties of the
Western Reserve, which county	were you born in?
Collaborator(If Any)	
If May Show entries are not acc	· ·
Artist will pick up at Museu	
☐ Museum should dispose of.	
☐ Museum should ship to arti	st C.O.D. at this address:
Special Instructions	
·	instructions or a drawing of
When necessary include below instructions or a drawing of	

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature _

